| Fill | in this information to ident                                       | fy your case:   |                                  |   |
|------|--|---|----------------------------------|---|
| Uni  | ited States Bankruptcy Court                                       | for the:  |                                  |   |
| ΕA   | STERN DISTRICT OF MICHI  | GAN   |                                  |   |
| Cas  | se number (if known)   | Chapter   | 11                               |   |
|      |  |   |                                  | ☐ Check if this an amended filing                   |
|      | ficial Form 201<br>Oluntary Petiti                                 | on for Non-Individuals F  | iling for Bankı                  | ruptcv 04/20  |
| lf m | ore space is needed, attach  | a separate sheet to this form. On the top of any a separate document, <i>Instructions for Bankrupto</i> | additional pages, write the      | debtor's name and the case number (if               |
| 1.   | Debtor's name  | BERWICK HOSPITAL COMPANY, LLC   |                                  |   |
| 2.   | All other names debtor used in the last 8 years                    |   |                                  |   |
|      | Include any assumed names, trade names and doing business as names |   |                                  |   |
| 3.   | Debtor's federal<br>Employer Identification<br>Number (EIN)        | 23-2975836  |                                  |   |
| 4.   | Debtor's address   | Principal place of business   | Mailing addres business          | s, if different from principal place of             |
|      |  | 3637 Lahser Rd  |                                  |   |
|      |  | Bloomfield Hills, MI 48304 Number, Street, City, State & ZIP Code                                       | P.O. Box, Numb                   | per, Street, City, State & ZIP Code                 |
|      |  | Oakland<br>County   | Location of pri                  | ncipal assets, if different from principal          |
|      |  |   | 701 E. 16th S<br>Number, Street, | treet Berwick, PA 18603<br>, City, State & ZIP Code |
| 5.   | Debtor's website (URL)   |   |                                  |   |
| 6.   | Type of debtor   | Corporation (including Limited Liability Compa  | ny (LLC) and Limited Liability   | Partnership (LLP))                                  |
|      |  | ☐ Partnership (excluding LLP)   |                                  |   |

☐ Other. Specify:

| Deb | tor BERWICK HOSPITAL  | COMPANY, LLC  |   | Case number (if known)  |
|-----|---|---|---|---|
|     | Name  |   |   |   |
| 7.  | Describe debtor's business  | ■ Health Care Busines □ Single Asset Real Es □ Railroad (as defined □ Stockbroker (as defin | es (as defined in 11 U.S.C. § 101(27) state (as defined in 11 U.S.C. § 101 in 11 U.S.C. § 101(44)) ned in 11 U.S.C. § 101(53A)) as defined in 11 U.S.C. § 781(3)) efined in 11 U.S.C. § 781(3))   | •   |
|     |   | ☐ Investment company ☐ Investment advisor ( C. NAICS (North Americ                          | as defined in 15 U.S.C. §80b-2(a)(  | 4-digit code that best describes debtor.  |
|     |   |   |   |   |
| 8.  | Under which chapter of the Bankruptcy Code is the debtor filing?  A debtor who is a "small  | Check one:  ☐ Chapter 7  ☐ Chapter 9  ☐ Chapter 11. Check a                                 | all that apply  |   |
|     | business debtor" must check<br>the first sub-box. A debtor as<br>defined in § 1182(1) who<br>elects to proceed under<br>subchapter V of chapter 11<br>(whether or not the debtor is a<br>"small business debtor") must<br>check the second sub-box. |   | The debtor is a small business de noncontingent liquidated debts (e. \$2,725,625. If this sub-box is sele operations, cash-flow statement, a exist, follow the procedure in 11 U. The debtor is a debtor as defined debts (excluding debts owed to in | in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated siders or affiliates) are less than \$7,500,000, and it chooses to   |
|     |   | _   | balance sheet, statement of opera<br>any of these documents do not ex   | <b>Chapter 11.</b> If this sub-box is selected, attach the most recent ations, cash-flow statement, and federal income tax return, or if ist, follow the procedure in 11 U.S.C. § 1116(1)(B). |
|     |   |   | A plan is being filed with this petiti  | on.   |
|     |   |   | Acceptances of the plan were soli accordance with 11 U.S.C. § 1126  | cited prepetition from one or more classes of creditors, in (b).  |
|     |   |   | Exchange Commission according   | dic reports (for example, 10K and 10Q) with the Securities and to § 13 or 15(d) of the Securities Exchange Act of 1934. File the for Non-Individuals Filing for Bankruptcy under Chapter 11   |
|     |   |   | The debtor is a shell company as  | defined in the Securities Exchange Act of 1934 Rule 12b-2.  |
|     |   | ☐ Chapter 12  |   |   |

When

When

Case number

Case number

Were prior bankruptcy

separate list.

cases filed by or against

the debtor within the last 8 years?
If more than 2 cases, attach a

■ No.

☐ Yes.

District

District

| ebu | DERWINGTE HOOF HIT   | AL COMP                                   | ANY, LL  | ن<br>ن  |  | - Case Hullibel (II know   | ····   |                                    |
|-----|--|---|--|---|--|--|--|------------------------------------|
| 0.  | Name  Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?                           |   |  |   |  |  |  |                                    |
|     | List all cases. If more than 1 attach a separate list  | ,   | Debtor   | Berwick Clinic  | Company  |  | _ Relationship   | related                            |
|     |  |   | District   | E.D. Mich.  | When   | 7/18/22  | Case number, if known  | 22-45589                           |
|     | Why is the case filed in this district?  Does the debtor own or have possession of any real property or personal property that needs | ■ Det pre- □ A b ■ No □ Yes.              | ceding the ankruptcy Answer be                         | ad its domicile, princi<br>date of this petition<br>case concerning del               | or for a longer part<br>btor's affiliate, gene<br>ty that needs imme   | of such 180 days that aral partner, or partner attention. Attack                   | s in this district for 180 day<br>in in any other district.<br>rship is pending in this dist | trict.                             |
|     | immediate attention?   |   | ☐ It pose What is ☐ It need ☐ It include               | s or is alleged to post<br>the hazard?s<br>to be physically se<br>des perishable good | se a threat of immirection or protected or protected or assets that co | from the weather.  | apply.)  azard to public health or s  or lose value without atte d assets or other options). | ntion (for example,                |
|     |  |   |  | the property?   |  |  |  |                                    |
|     |  |   | Is the pro ☐ No ☐ Yes.                                 | perty insured? Insurance agency Contact name Phone                                    | Number, Street,  | City, State & ZIP Cod  | е  |                                    |
|     | Statistical and admini   | strative in                               | formation  |   |  |  |  |                                    |
| 3.  | Debtor's estimation of available funds   | . CI                                      | heck one:<br>Funds wil                                 | ll be available for dis   |  |  | to unsecured creditors.  |                                    |
| 4.  | Estimated number of creditors  | ■ 1-49<br>□ 50-99<br>□ 100-19<br>□ 200-99 |  |   | ☐ 1,000-5,0<br>☐ 5001-10,0<br>☐ 10,001-25                              | 000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,0                                      |                                    |
| 5.  | Estimated Assets   | <b>=</b> \$100,0                          | 50,000<br>01 - \$100,0<br>001 - \$500,<br>001 - \$1 mi | 000   | □ \$10,000,0<br>□ \$50,000,0   | 1 - \$10 million<br>01 - \$50 million<br>01 - \$100 million<br>001 - \$500 million | □ \$500,000,001 - □ \$1,000,000,001 □ \$10,000,000,000 □ More than \$50 b                    | - \$10 billion<br>1 - \$50 billion |

page 3

| Debtor BERWICK HOSPITAL COMPANY, LLC |                     | PITAL COMPANY, LLC   | Case number (if known)  |   |
|--------------------------------------|---------------------|--|---|---|
|                                      | Name                |  |   |   |
| 16. Est                              | timated liabilities | □ \$0 - \$50,000<br>□ \$50,001 - \$100,000<br>□ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million | ■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |

| Г | _ | L. | ٠. |  |
|---|---|----|----|--|
|   |   |    |    |  |

## BERWICK HOSPITAL COMPANY, LLC

Case number (if known)

Name

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 30, 2022

MM / DD / YYYY

| X | /s/ Priyam Sharma                                | Priyam Sharma |  |
|---|--|---------------|--|
|   | Signature of authorized representative of debtor | Printed name  |  |
|   | Title Principal                                  | -             |  |

## 18. Signature of attorney

| X | /s/ Robert Bassel                      | D             | ate | September 30, 2022 |  |  |
|---|--|---------------|-----|--------------------|--|--|
|   | Signature of attorney for debtor       | <del></del>   | -   | MM / DD / YYYY     |  |  |
|   | Robert Bassel P48420                   |               |     |                    |  |  |
|   | Printed name                           |               |     |                    |  |  |
|   |  |               |     |                    |  |  |
|   | Firm name                              |               |     |                    |  |  |
|   |  |               |     |                    |  |  |
|   | Number, Street, City, State & ZIP Code |               |     |                    |  |  |
|   | Comtact when a                         | Email address |     |                    |  |  |
|   | Contact phone                          | Email address |     |                    |  |  |
|   | P48420 MI                              |               |     |                    |  |  |

Bar number and State